



# West Boise Little League Player Registration Form



## Player Information

Player Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Gender:  Male  Female Age: \_\_\_\_\_

Address 2 (if applicable): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My child will be trying out for:  Baseball  Softball

Division (T Ball, Rookies, Minors, Majors, 50/70 Intermediate, Juniors, Seniors): \_\_\_\_\_

**League Registration Fees: \*T Ball - \$100.00 \*All Other Divisions - \$140.00**

## Parent/Guardian Information

### Parent/Guardian #1

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_

### Parent/Guardian #2

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_

*(Please refer to [www.westboiselittleleague.org](http://www.westboiselittleleague.org) for a list of volunteer opportunities.)*

## Emergency Contact Information

Contact #1: \_\_\_\_\_ Contact #2: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Miscellaneous Information

Player's School: \_\_\_\_\_

Player's Jersey Size:  YSM  YM  YL  YXL  Adult S  Adult M  Adult L  Adult XL

I give permission for West Boise Little League to take and possibly publish images of my child.  YES  NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Mail completed form and payment to: West Boise Little League P.O. Box 44772 Boise, ID 83711-0772\**